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Bib Data Sheet

SERIAL NUMBER 09/961,308	FILING DATE 09/25/2001  RULE	CLASS <del>707</del> 715	GROUP ART UNIT 2178	ATTORNEY DOCKET NO. AIC-008US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/824,010 03/25/1997 PAT 6,003,007  
 and is a CON of 08/823,977 03/25/1997 ABN  
 and is a CON of 08/823,978 03/25/1997 ABN  
 and is a CON of 09/232,805 01/19/1999 PAT 6,076,066  
 which is a CON of 08/824,010 03/25/1997 PAT 6,003,007  
 and is a CON of 09/587,284 06/05/2000 PAT 6,199,115  
 which is a CON of 09/232,805 01/19/1999 PAT 6,076,066  
 and is a CON of 09/745,489 12/26/2000 PAT 6,343,310  
 which is a CON of 09/587,284 06/05/2000 PAT 6,199,115  
 which claims benefit of 60/014,427 03/28/1996

KB14

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None KB15

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/27/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>Kristine Brown</i> Initials: KB15	NY	8	3	1

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## TITLE

Attachment integrated claims system and operating method therefor

<p>FILING FEE  RECEIVED 763</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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